



## General

### Guideline Title

Best evidence statement (BEST). The effect of communication skills training on nurses' confidence and competence in providing psychosocial support to patients and families.

### Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). The effect of communication skills training on nurses' confidence and competence in providing psychosocial support to patients and families. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2013 Apr 30. 5 p. [9 references]

### Guideline Status

This is the current release of the guideline.

## Recommendations

### Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1a–5b) are defined at the end of the "Major Recommendations" field.

It is recommended that communication skills training be provided to nurses to improve their confidence and competence in providing psychosocial support to patients and their families (van Weert et al, 2011 [2a]; Rask et al., 2009 [2b]; Langewitz et al., 2010 [4a]; Boscart, 2009 [4a]; Wilkinson, Linsell, & Blanchard, 2008 [4b]; McGilton et al., 2006 [4a]; Bowles, Mackintosh, & Torn 2001 [4b]).

#### Definitions:

#### Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

Table of Language and Definitions for Recommendation Strength

Language for Strength	Definition
It is strongly recommended that...  It is strongly recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations).
It is recommended that...  It is recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation. . .	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

## Clinical Algorithm(s)

None provided

## Scope

### Disease/Condition(s)

Diseases and conditions in any healthcare setting that require nursing care

### Guideline Category

Counseling

### Clinical Specialty

Nursing

Oncology

### Intended Users

Advanced Practice Nurses

Hospitals

Nurses

Physicians

## Guideline Objective(s)

To evaluate, among direct care nurses, if communication skills training, compared to no communication skills training, affects nurses' confidence and competence in providing psychosocial support to patients and families

## Target Population

Nurses caring for patients and providing psychosocial support in any healthcare setting

## Interventions and Practices Considered

Communication skills training for direct care nurses

## Major Outcomes Considered

Nurses' confidence and competence in providing psychosocial support to patients and families

## Methodology

### Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

### Description of Methods Used to Collect/Select the Evidence

Search Strategy

Databases: Medline, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsychINFO, and Cochrane Library

Search Terms: nurses, nursing, psychosocial factors, chronic illness, coping, long-term hospitalization, bone marrow transplant, behavior modification, pediatric oncologic nursing, oncologic nursing, nurse-patient relations, communication skills, communication skills training, psychosocial support, and solution-focused brief therapy

Date Last Search Done: January 13, 2013

### Number of Source Documents

Not stated

### Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

### Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies

Quality Level	Definition
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

## Methods Used to Analyze the Evidence

Systematic Review

## Description of the Methods Used to Analyze the Evidence

Not stated

## Methods Used to Formulate the Recommendations

Expert Consensus

## Description of Methods Used to Formulate the Recommendations

Not stated

## Rating Scheme for the Strength of the Recommendations

Table of Language and Definitions for Recommendation Strength

Language for Strength	Definition
It is strongly recommended that...  It is strongly recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations).
It is recommended that...  It is recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

## Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

# Method of Guideline Validation

Peer Review

## Description of Method of Guideline Validation

This Best Evidence Statement has been reviewed against quality criteria by two independent reviewers from the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence Collaboration.

## Evidence Supporting the Recommendations

### References Supporting the Recommendations

Boscart VM. A communication intervention for nursing staff in chronic care. *J Adv Nurs*. 2009 Sep;65(9):1823-32. [PubMed](#)

Bowles N, Mackintosh C, Torn A. Nurses' communication skills: an evaluation of the impact of solution-focused communication training. *J Adv Nurs*. 2001 Nov;36(3):347-54. [PubMed](#)

Langewitz W, Heydrich L, Nubling M, Szirt L, Weber H, Grossman P. Swiss Cancer League communication skills training programme for oncology nurses: an evaluation. *J Adv Nurs*. 2010 Oct;66(10):2266-77. [PubMed](#)

McGilton K, Irwin-Robinson H, Boscart V, Spanjevic L. Communication enhancement: nurse and patient satisfaction outcomes in a complex continuing care facility. *J Adv Nurs*. 2006 Apr;54(1):35-44. [PubMed](#)

Rask MT, Jensen ML, Andersen J, Zachariae R. Effects of an intervention aimed at improving nurse-patient communication in an oncology outpatient clinic. *Cancer Nurs*. 2009 Jan-Feb;32(1):E1-11. [PubMed](#)

van Weert JC, Jansen J, Spreeuwenberg PM, van Dulmen S, Bensing JM. Effects of communication skills training and a Question Prompt Sheet to improve communication with older cancer patients: a randomized controlled trial. *Crit Rev Oncol Hematol*. 2011 Oct;80(1):145-59. [PubMed](#)

Wilkinson S, Linsell L, Blanchard K. Communication skills training for nurses working with patients with heart disease. *Br J Card Nurs*. 2008;3(10):475-81.

## Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

## Benefits/Harms of Implementing the Guideline Recommendations

### Potential Benefits

Communication skills training has been shown to be effective at increasing nurses' ability to provide psychosocial support to patients, confidence in providing psychosocial support, confidence in handling conflicts and criticism, and communication-related self-efficacy.

## Potential Harms

Not stated

## Qualifying Statements

### Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

## Implementation of the Guideline

### Description of Implementation Strategy

#### Applicability Issues

Communication skills trainings can be time-consuming. Trainings ranged from 30 minutes to four days in length. Several of the studies also included follow-up training, ranging from four 4 hours to 1.5 days each. It will be important to allot time for nurses to attend communication skills training and follow-up sessions (if needed), outside of their regular assigned work duties. Additionally, extra funding may be needed to support staff time to conduct and participate in the training. Communication skills training sessions could be implemented during orientation for new nursing employees. In addition, the Therapeutic Collaborative training can also be used as a means to achieve communication skills training for nurses. The Therapeutic Collaborative training is currently given to nurses caring for bone marrow transplant patients in a pediatric institution. It aims to assist nurses in forming therapeutic relationships with their patients and families, addressing professional boundaries, the "zone of helpfulness," and personality style and how it relates to communication. This training has been conducted in a group format over a 4-hour period of time. It is also offered as an internet web-based video, with individual discussion between nurses and their clinical managers. This offers more flexibility for training to be completed and makes it easier from a scheduling standpoint. Communication skills training could be included as a part of the Therapeutic Collaborative training.

### Implementation Tools

#### Audit Criteria/Indicators

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

## Institute of Medicine (IOM) National Healthcare Quality Report Categories

### IOM Care Need

End of Life Care

Getting Better

Living with Illness

## IOM Domain

Effectiveness

Patient-centeredness

## Identifying Information and Availability

### Bibliographic Source(s)

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### Adaptation

Not applicable: The guideline was not adapted from another source.

### Date Released

2013 Apr 30

### Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

### Source(s) of Funding

No external funding was received for development of this Best Evidence Statement (BEST).

### Guideline Committee

Not stated

### Composition of Group That Authored the Guideline

*Team Leader/Author:* Sharon Penko, MSW, LSW, ACHP-SW, Bone Marrow Transplant Social Worker, Cancer & Blood Diseases Institute

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### Financial Disclosures/Conflicts of Interest

Conflicts of interest were declared for each team member. No financial or intellectual conflicts of interest were found.

## Guideline Status

This is the current release of the guideline.

## Guideline Availability

Electronic copies: Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

## Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the [Cincinnati Children's Hospital Medical Center \(CCHMC\) Web site](#) .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the [CCHMC Web site](#) .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the [CCHMC Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

In addition, suggested process or outcome measures are available in the [original guideline document](#) .

## Patient Resources

None available

## NGC Status

This NGC summary was completed by ECRI Institute on September 6, 2013.

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